

TRAINING AND USE OF MEMBERS OF  
THE COMMUNITY  
THAT IS SERVED BY THE CENTER \*

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THE Neighborhood Health Care Demonstration does not at this stage have a multiphasic screening unit. However, we do have some experience in the use of public-health nurses and community residents in innovative roles.

I believe this has relevance both for the training of personnel to perform screening procedures and to cope with the patients which I anticipate will be referred from such procedures.

We felt from the outset of our project that to provide care for the 40,000 individuals in our area would require a reallocation of scarce medical personnel. We have therefore embarked on a program in two areas: first, the use of public-health nurses in a practitioner role, and, second, the training of community residents in a variety of health positions.

The public-health-nurse practitioner is trained to provide what we call health-maintenance care, initially in two areas. She provides the bulk of well-baby and of antenatal and postpartum care for families that she cares for, with supervision by the appropriate physician at defined intervals. The public-health nurse is specifically trained to detect abnormalities in these essentially healthy patients and to refer them to the physician for care.

We are making plans to extend the function of the public-health nurse into the areas of health maintenance in adults, family planning, and psychiatric care.

In the area of training paraprofessionals I have the same difficulty with the term that the previous speaker had. I do not know quite what it means.

We have trained more than 200 Bronx community residents in a

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variety of health fields during the past two years. All of our family health workers and the majority of our medical assistants and our clerical staff have been through our training program.

Our family health workers are women, in most cases, who are trained to provide home-nursing services and some social casework services to our patients. Their locus of activity is in the home. They supplement, in a sense, the activities of the public-health nurse, who herself is taking on a new role which I have described.

The medical assistant acts as an assistant to the doctor in the health center, bringing in patients, taking histories, filling out forms, and so forth.

In terms of community participation, more than 50% of our employees at present reside in the area we are serving.

The broad objectives of this training program may be summarized as these: first, to provide opportunities for community residents to enter the medical field in skilled, that is, in nonentry level positions; second, by employing community residents wherever possible to allay some of the fears generated in patients by a large medical agency, to make the services more familiar and comprehensible to them.

We have stressed throughout our program the concept of advocacy of the patient, that the employee must be receptive to the patient's needs and desires and should help him to fulfill these in his encounter with our agency or any other agency.

The majority of our trained graduates have been employed by us or other medical agencies in lines above the entry level. In addition, we have developed programs to allow upward mobility into nursing or into our own training staff for our graduates. This is done through either in-service education or released time for the pursuit of further training.

Through intensive counseling during the training period and after, we have been able to maintain the dropout rate of about 33%. This is a fairly low dropout rate compared to that of many training programs in poverty-stricken areas. Our experience makes me confident that intelligent community residents can be trained to perform a wide variety of technical procedures.

Achievement of the second goal, that is, of bringing the medical service closer to the community being served, will, I feel, be critical to the success of any community-based program, whether it be comprehensive care, as ours is, or multiphasic screening.

The extent of alienation from traditional medical services felt by low-income residents has been well documented. The fragmentation of services and the proliferation of specialties which contribute in part to this are familiar to all of you. I doubt that any professional can fully appreciate the sense of hopelessness and the difficulty of communicating which affect many of our patients on entering our massive and anti-septic environs. I hope that multiphasic screening programs will try to alleviate this alienation, since without this I feel they will not be very successful in making preventive services available for the broad masses of our population.

Since the Neighborhood Medical Care Demonstration has not developed a distinct screening program, I cannot speak of these from a broad base of experience. However, we have discussed at some length the development of such a program, and I should like to spend a few moments outlining the points we feel will be critical in such a program.

First, a screening or early detection program to be effective on a communitywide basis must be easily accessible at locations and hours that will encourage participation.

Second, such a program must have an extensive range, and preferably it should be serviced by trained community residents. In fact, we are considering the technical feasibility of providing screening in the home by our family-health workers. Although this would certainly be less efficient than a machine-line type of operation, I feel it would avoid the inevitable deterrent posed by a large complex.

Third, such a program must have credibility. That is, its usefulness and benefits must be fairly readily apparent. If diagnostic and treatment services are not available to follow through on the patient being screened, not only will there be a credibility gap, but there will be many very angry patients.

Fourth, because of the shortage of physicians and nurses, the actual screening process, I feel, should not require the time of these professionals. I am quite confident that our family-health workers and medical assistants can be taught to perform competently any of the technical procedures of the screening process.